

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012122

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 166

FILED APR 1 1963

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jasper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Joplin</i>		c. CITY OR TOWN <i>Joplin</i>	
Length of stay in 1b <i>5 years</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maddox Nursing Home</i>		d. STREET ADDRESS (If outside, give location) <i>2305 Pennsylvania</i>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Robin Alexander McClaren</i>			4. DATE OF DEATH Month Day Year <i>March 23 1963</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>25 Feb 1910</i>	9. AGE (last birthday) <i>53</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>labor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General</i>		11. BIRTHPLACE (City and state or country) <i>Galena Kansas</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>John J. McClaren</i>		13b. MOTHER'S MAIDEN NAME <i>Catherine B. Clary</i>	
14. NAME OF HUSBAND OR WIFE <i>None</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Catherine McClaren 1320 Kans. Joplin Mo.</i>		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Artery Disease</i> DUE TO (b) <i>Coronary Artery Disease - (Trauma)</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>25 yrs</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>Nov 1958</i> to <i>March 3-1963</i> and last saw her alive on <i>March 3-1963</i> Death occurred at <i>1:10</i> p.m. on the date stated above and to the best of my knowledge from the causes stated.		22a. SIGNATURE (Degree title) <i>Robert H. [Signature]</i>			
22b. ADDRESS <i>1111 [Signature]</i>		22c. DATE SIGNED <i>3-24-63</i>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>26 Mar 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Hill Crest Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Galena Kansas</i>
24. FUNERAL DIRECTOR <i>Ray L. Desfelt</i>	ADDRESS <i>Galena, Kansas</i>	25. DATE RECD. BY LOCAL REG. <i>3-26-1963</i>	26. REGISTRAR'S SIGNATURE <i>Dore Merriam</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ray L. Diefelt

Licensed Embalmer No. 4945

P. O. Address Galena Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.